PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number					
CLAIMS AS FILED - PART I (Column 2) (Column 2)							SMA TYPE		NTITY	OR	OTHER SMALL			
TOTAL CLAIMS			9			. '		NT E	FEE	7	RATE	FEE		
FOR			NUMBER/FILED		NUMBER EXTRA		BASI	C IFĘI	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			minus 20=		•		xs	9=	1	OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =				X4	3:=		OR	X86=			
ML	ILTIPLE DEPEI	NDENT CLAIM P	RESENT				+14	 15=		OR	+290=			
* If	the difference	e in column 1 is	less than z	than zero, enter "0" in column 2				TA.L	1	OR	TOTAL			
CLAIMS AS AMENDED - PART II										J	OTHER	THAN		
	(Column 1) (Column 2) (Column 3							AI.L	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	×\$	9:=		OR	X\$18=	:		
ME	Independent	*	Minus	***		=	X4:	— 3≕		1	X86=			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	7.00-			
							+14			OR	+290=			
								DTAL FEE		OR	TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)													
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RA	ΓE:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		= .	X\$	9::		OR	X\$18=			
	Independent	*	Minus	***		=	X43			ll	X86=			
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							, 		OR				
							+14	5::		OR	+290=	•		
							. TO	FIEE		OR	TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)								•					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	sirek		=	X\$ 9)=		OR	X\$18=			
	Independent	*	Minus	***		=	X43				X86=			
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	^00=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+290=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OFFICE OF THIS SPACE IS LESS THAN 3, enter "3."										OR ,	TOTAL ODIT, FEE			
٦	he *Highest Num	ber Previously Paik	For" (Total or	Independer	nt) is the	highest number f	ound in th	e apr	propriate box	c in coli	umn 1.			